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HOME MAKERS' CHAT

Thursday, August 10, 1939

Subject: "HEALTH IN THE EXTENSION PROGRAM." Information from the Extension Service, U. S. Department of Agriculture.

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"Don't be surprised," writes our Washington correspondent, "if I mention the subject of rural health several times in the next few weeks. Various government agencies are concerned about rural health problems, and making progress in solving many of them. Of course the diagnosis and treatment of illness, and the physical care of the sick must be left to the local physician- if there is one- and public health or other nurses.

"But the prevention of illness, through better food, better sanitation, and better circulation of health facts and dietary information is part of the job of the extension service. Today I'm about to tell you some of the results that have been accomplished. A little later I have in store for you some of the findings of the Bureau of Home Economics' Consumer-Purchases study, and the story of some of the medical care projects started by the Farm Security Administration.

"For years the extension service has advocated a 'live-at-home' program for farm families. That is, producing enough of the foods essential to a good diet right on the farm. The slogan 'live-at-home' has been supplemented in many states with a 'garden and canning budget' which provides a plan for planting definite amounts of vegetables and fruits. Under a good canning budget there is an ample supply of the vitamin-and-mineral-rich foods to eat fresh during the season and enough surplus to carry the family through the non-productive months when canned or stored. Adherence to the canning budget as outlined by extension workers assures the family of a correctly balanced diet the year around.



"Last year, some 219,000 families reported that they had planned, produced, and preserved their home food supply according to health needs. More than 407,000 families reported that they are serving better-balanced meals as a result of the extension program.

"State extension and health department staffs have supplemented the national social security program for maternal and child welfare, by stressing the importance of health and the prevention of disease, rather than cures. Some of the achievements in individual states illustrate how this has worked out.

"For example, in Kent County, Delaware, the intensive nutrition-health campaign was aimed at reducing the maternity and tuberculosis death rate in the county. In Tennessee, lack of knowledge of food values was also contributing to the high tuberculosis toll until extension programs pointed a better way. Home demonstration club members helped by providing transportation for mothers and children, and also for doctors and nurses, to clinics where sick clients could be cared for and children could be immunized against diphtheria, small pox and typhoid. Indiana has another region where extension workers have found a rural tuberculosis problem, and obtained the services of local doctors for talks and treatment in the county-wide drive.

"The preschool clinics in Maine are closely related to the extension nutrition program- 'Happy, Healthy, Growing Children'. As a result, 105 clinics were held last year, with 2,300 children examined and 1,531 mothers interviewed. In these clinics the Social Security Board provides the services of a physician and nurse, while the extension nutrition specialist or home demonstration agent advises mothers on the nutritional needs of their children.

"More than 15 years ago Nevada extension workers started a 'Keep Growing' program. Its objective was to bring the majority of children in the state up to first rate nutritional condition. In addition to concentrated effort on the part of



home demonstration workers, local leaders, health nurses, teachers, parents, and the children themselves, cooperators in this project included physicians, dentists, and organizations concerned with public welfare. From 800 children in 8 communities, in 1923, the project grew to include more than 2,800 children in 73 communities in 1937. It is still going on. Young children entering school today are in much better condition than their older brothers and sisters were some 10 to 15 years ago. 'Positive health' is recognized in Nevada as a family and community responsibility.

"Through its 'live-at-home' program Arkansas has decreased pellagra in 3 years from 362 to 75 cases. In some counties this diet-deficiency disease is practically eradicated.

"Missouri home demonstration clubs have taken a great deal of responsibility in promoting clinics for adults and children. Excellent cooperation exists among extension agents, club members, school authorities, the State Board of Health, and local health agencies. Last year some 20,000 individuals, most of them school children, were immunized and vaccinated against typhoid, diphtheria, and smallpox at a minimum cost. More than 600 clubs cooperated in health programs sponsored by the Social Security Commission. There were clinics at which children's eyes, teeth, and tonsils were examined, feeding clinics for preschool children, and clinics for crippled children.

"Pneumonia control seemed to be the biggest health problem in 14 counties of New York State. Local leaders were trained by doctors and nurses to relay to rural communities information on the nature of pneumonia and why it is a public health problem. They also learned the bedside care of pneumonia cases.

"Weber County, Utah, has a cooperative dental clinic, open to rural families at a minimum cost.

"Running through most of the health work under extension direction one also finds minor projects on contributory health factors, such as good posture, foot hygiene, cleanliness, and good grooming. Health is a regular part of 4-H Club projects and members are proud of being 'their own best exhibits' at large club gatherings.

That's all of today's Washington letter.

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